2030732997

FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2012 FEB -6 AM 11: 54

١.	NAME OF		
	COMMITTEE	(in	full

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4MSEC MAIL CENTER

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Check if different than previously reported. (ACC)	W _i e,s,t, D _i e,	s, Mo, i, n, e,	s, , , ,	I,A] [5,0,2	2,6,6]-[7,7,2,7]
2. FEC IDENTIFICATION NU	JMBER ▼	CITY A	ST	ATE A	ZIP CODE A
C 0 0 1 1 7 6	1 4	3. IS THIS REPORT	NEW (N) OR	AMENDED (A))
4. TYPE OF REPORT (Choose One) (a) Quarterly Reparts: April 15 Quarterly Report (Classical Control of Control of Classical Control of Classical Control of Classical	(c) 12-Day, PRE-Electio Report for ti (d) 30-Day POST-Electi Report for ti	he: Conven	ion (12C)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) Runoff (30R)	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
5. Covering Period 0	1 6,1 2,0) 1 1 throu	gh 12	3,1 2,0	1 1
I certify that I have examined th	<u> </u>	est of my knewledge $M \in \mathcal{L}_{N}$, correct and compl	ete.
Type or Print Name of Treasure Signature of Treasurer NOTE: Submission of false, erron	M M	M	Dat		ties of 2 U.S.C. §437g.
Office Use Only					C FORM 3X Rev. 12/2004

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FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
rite or Type Committee Name	ompany of Iowa Political Action Co	
eport Covering the Period: From:	1 0,1 2,0,1,1 To	o: 1,2 '3,1 '2,0,1,1
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 2 0 1 1		4743899
(b) Cash on Hand at Beginning of Reporting Period	5050704	
(c) Total Receipts (from Line 19)	504954	1 2 6 8 2 5
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5555658	6.0.1.2.1.5
Total Disbursements (from Line 31)	6,1,0,0,0	1,0,6,6,5,0,0
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4 9 4 5 6 5 8	4 9 4 5 6 5 8
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
	rite or Type Committee Name Farmers Mutual Hail Insurance Composer Covering the Period: (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period	FEC Form 3X (Rev. 02/2003) Inte or Type Committee Name Farmers Mutual Hail Insurance Company of Iowa Political Action Company of Io

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FEBAN026

12030732999

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

/rite or Type Committee Name

	Farmers Mutual Hail Insurance Co		
R	eport Covering the Period: From:	1 01 2011	To: 1.2 / 3.1 / 2.0 1.1
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees	2 4 0 7 6 0	
	(i) Itemized (use Schedule A)	3 1 9 7 6 0	6,9,5,7,6,8
		1 8 5 1 1 9	5 7 2 4 1 6
	(ii) Unitemized		3/24/0
	(iii) TOTAL (add	504879	1 2 6 8 1 8 4
	Lines 11(a)(i) and (ii)▶		
	(b) Political Party Committees	* * * * * * * * * * * * * * * * * * *	# ** ** ** ** ** ** ** ** ** ** ** ** **
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)▶	5_0,4.8_7.9	1, 2, 6, 8, 1, 8, 4
2.	Transfers From Affiliated/Other		
	Party Committees		
3.	All Loans Received		
4.	Loan Repayments Received		
5.	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)		Annualization from influencial annualization of transfer in order to the confluence of trans-
	(Carry Totals to Line 37, page 5)		
16.	Refunds of Contributions Made		
	to Federal Candidates and Other		
. 7	Political Committees Other Federal Receipts		
17.	(Dividends, Interest, etc.)	7 5	7.5
8.	Transfers from Non-Federal and Levin Fund		
	(a) Non-Federal Account		
	(from Schedule H3)		
	(b) Levin Funds (from Schedule H5)		
	(6) 20111 (21120 (110111 20112212 712) 11111111		
	(c) Total Transfers (add 18(a) and 18(b))		
			Tarandarankar Administrasika aktiva akti
9.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))▶	5_0,4,9_5,4	1,2,6,8,2,5,9
מג	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶	504954	1 2 6 8 2 5 9
	(conservation representation represe		

DETAILED SUMMARY PAGE

of Disbursements

Page 4 FEC Form 3X (Rev. 02/2003) **COLUMN A COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating 5 0 Expenditures (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶ 22. Transfers to Affiliated/Other Party Committees..... Contributions to
Federal Candidates/Committees
and Other Political Committees...... 24. Independent Expenditures 26. Loan Repayments Made..... Loans Made.....Refunds of Contributions To: Individuals/Persons Other Than Political Committees (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).......... ▶ 29. Other Disbursements 30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds (c) Total Federal Election Activity (add ... Lines 30(a)(i), 30(a)(ii) and 30(b)).... ▶ 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 10000 066500 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)

6 1 0 0 0 0

1 0 6 6 5 0 0

from Line 31).....

(subtract Line 37 from Line 36)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 **COLUMN A** COLUMN B III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Nat Operating Expenditures

SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Surnmary Page

FOR LINE	NUMBER	: PAGE	= 1 ()F b _
(check only	one)			
11a	11b	11c	12	
13	14	15	16	T 17

f F (EWIZED RECEIP 13		for each category of the Detailed Summary Page		11 13		F] 1 1	1b		11c 15		12 16	17
	y information copied from such Reports and Stater for commercial purposes, other than using the nan													
\setminus	NAME OF COMMITTEE (In Full)													
Z	Farmers Mutual Hail Insurance Cor) Co	mr	nit	tte	e						
A.	Full Name (Last, First, Middle Initial) Cindi And	derson		_	Date	e o1	f Re	ece	eipt					
	Mailing Address 15934 Rosewood Ct. City	State	Zip Code		P	аy	rol		Ďęd	u	ction		¶ 7 ¥ √2	
	Clive, IA. 50325			_	Amo	uni	t of	Εŧ	ach R	ec	eipt thi	is P	eriod	
	FEC ID number of contributing federal political committee.		117614)		-12	e open		-0>	9	4	2 0
	Farmers Mutual Hail Ins. Co. A	CCUPATION VP CO	mpliance											
	Primary		Year-to-Date ▼ 2 0 7 2 4											
в.	Full Name (Last, First, Middle Initial) Larry Cas	sey			Date	9 01	f Re	ece	eipt					
	Mailing Address 718 Stonegate Ct SW.				Ρá	yı	roll		Dedi	uc	tion	V ∨		
	Altoona, IA 50009-9628	State	Zip Code	-	Amr	nin,	t of	F	ach R	ec	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.		1 1 7 6 1 4					-67			1	Carrieron (6	4 0
	Farmers Mutual Hail Ins. Co. V	ccupation PIS												
	Primary General Other (specify)		Year-to-Date ▼											
c.	Full Name (Last, First, Middle Initial) Robert Da	amme	n		Date	е о	f Re	ece	eipt					
	Mailing Address 737 Cambridge Dr.		7. 0.4		P	ąy	rol		Dęd	u	tion		-gyg	
	Janesville, WI 53548	State	Zip Code	一	Amo	oun	t of	E	ach R	lec	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	Cloc	1 1 7 6 1 4			Q		-07			-	0	2	1 0
	Farmers Mutual Hail Ins. Co. S	ccupation tate Si	upervisor											
	Receipt For: Primary General Other (specify)	ggregate	Year-to-Date ▼ 2 2 4 6 2											
s	SUBTOTAL of Receipts This Page (optional)					2		-4Y			3	5	2	7 0
\\ \tag{1}	OTAL This Period (last page this line number only))				3					_2>_	g		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 2 OF 6 Use separate schedule(s) (check only one) for each category of the 11a 12 11c **Detailed Suramary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Farmers Mutual Hail Insurance Company of Iowa Political Action Committee Full Name (Last, First, Middle Initial) Darin Roggenburg Date of Receipt Mailing Address 2035 134th Street Deduction State Zip Code Clive, IA. 50325 Amount of Each Receipt this Period FEC ID number of contributing 0 0 1 1 7 6 1 4 4 3 federal political committee. Name of Employer Occupation **CFO** Farmers Mutual Hail Ins. Co. Receipt For: Aggregate Year-to-Date ▼ Primary General 9 5 4 8 0 Other (specify) Full Name (Last, First, Middle Initial) Constance Doud B. Date of Receipt Mailing Address 5200 Pond View Cir Payroll <u>Deduction</u> State Zip Code Des Moines, IA 50317 Amount of Each Receipt this Period 0 0 1 1 7 6 1 4 FEC ID number of contributing 9 2 4 federal political committee. Name of Employer Occupation Farmers Mutual Hail Ins. Co. Analyst Receipt For: Aggregate Year-to-Date ▼ **Primary** General 2 0 3 2 8 Other (specify) Full Name (Last, First, Middle Initial) Larry Ewart C. Date of Receipt Mailing Address 15188 Bryn Mawr Payroll Deduction State Zip Code Clive, IA 50325 Amount of Each Receipt this Period FEC ID number of contributing C 0 0 1 1 7 6 1 4 1_5_0_9_0 federal political committee. Name of Employer Occupation Farmers Mutual Hail Ins. Co. **VP Claims** Receipt For: Aggregate Year-to-Date ▼ Primary General 3"3"1"9"8 Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 3 **OF** 6 Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the 11a 11b 11c **Detailed Surnmary Page** 13 14 16 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, ather than using the name and address of any political committee to selicit contributions from such committee. NAME OF COMMITTEE (In Full) Farmers Mutual Hail Insurance Company of Iowa Political Action Committee Full Name (Last, First, Middle Initial) Myron Hall Date of Receipt Mailing Address 4102 NE 48th St. Pavroll State Zip Code Des Moines, IA. 50317 Amount of Each Receipt this Period FEC ID number of contributing 0_0_1_1_7_6_1_4 federal political committee. Name of Employer Occupation Farmers Mutual Hail Ins. Co. Manger IS Receipt For: Aggregate Year-to-Date ▼ Primary General 2 0 2 1 8 Other (specify) Full Name (Last, First, Middle Initial) Kevin Johnson Date of Receipt Mailing Address 1783 Maple Ct Payroll Deduction City State Zip Code Winterset, IA. 50273 Amount of Each Receipt this Period FEC ID number of contributing 1 5 6 4 federal political committee. Name of Employer Occupation Farmers Mutual Hail Ins. Co. VP Sales Receipt For: Aggregate Year-to-Date ▼ **Primary** General 3 4 4 0 8 Other (specify) Full Name (Last, First, Middle Initial) Ken Lilgedahl Date of Receipt Mailing Address 8935 Lyndhurst 01/03/2011 State Zip Code Johnson, IA 50131 Amount of Each Receipt this Period FEC ID number of contributing C 0 0 1 1 7 6 1 4 0_0_0 federal political committee. Name of Employer Occupation VP Operations Farmers Mutual Hail Ins. Co. Receipt For: Aggregate Year-to-Date ▼ Primary General 2 8 2 0 0 Other (specify) SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 4 OF 6					
ITEMIZED RECEIPTS	for each category of the	(check only one)					
	Detailed Suramary Page	13 14 15 16 17					
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)	and address of any political confirmation	Somewhat was such continued.					
Farmers Mutual Hail Insurance Co	, -	Committee					
Full Name (Last, First, Middle Initial) Grant Ki	rohn	Date of Receipt					
Mailing Address 26818 N Ave	М.,	Payroll Deduction					
City	State Zip Code						
Adel, IA 50003 FEC ID number of contributing		Amount of Each Receipt this Period					
federal political committee.	C 0 0 1 1 7 6 1 4	1 0 5 4 0					
Farmers Mutual Hail Ins. Co.	Occupation AVP QC						
Receipt For: Primary General	Aggregate Year-to-Date ▼						
Other (specify) ▼	23188						
Full Name (Last, First, Middle Initial) Oscar D	eardorff	Date of Receipt					
Mailing Address 15806 Maple Drive	Mailing Address						
City Urbandale, IA. 50232	State Zith Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C 0 0 1 1 7 6 1 4	0.00					
	Occupation Deceased						
Receipt For: Primary General	Aggregate Year-to-Date ▼						
Other (specify)	3,5,0,0,0						
Full Name (Last, First, Middle Initial) Ron Rut	tledge	Date of Receipt					
Mailing Address 240 Linden Drive		Payroll Deduction					
City Waukee, IA. 50263	State Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C 0 0 1 1 1 7 6 1 4	5,9,4,3,0					
	Occupation President						
Receipt For: Primary General	Aggregate Year-to-Date ▼						
Other (specify)	1 3 0 7 4 6						
SUBTOTAL of Receipts This Page (optional)		69970					
TOTAL This Period (last page this line number on	ly)						

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 5 OF 6 (check only one)
	Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Farmers Mutual Hail Insurance Company	•	n Committee
Full Name (Last, First, Middle Initial) Shannon Rutle	dge	Date of Receipt
Mailing Address 2273 NE 88th Street City State	Zip Code	Payroll Deduction
Altoona, IA 50009	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	0,1,1,7,6,1,4	3.7.0.1.0
Name of Employer Farmers Mutual Hail Ins. Co. Occupation SVP Miles		
Primary General Other (specify)	Year-to-Date ▼ 8 1 4 2 2	
Full Name (Last, First, Middle Initial) Steve Fischer B.		Date of Receipt
Mailing Address 603 13th Street SE	Zip Code	12/29/2011
Altoona, IA 50009	·	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	0 1 1 7 6 1 4	75000
Name of Employer Farmers Mutual Hail Ins. Co. VP HR	n	
Primary General Other (specify)	Year-to-Date ▼ 1 4 5 0 0 0	
Full Name (Last, First, Middle Initial) Steve Rutledge	9	Date of Receipt
Mailing Address 3421 Briar Ridge	Zin Code	01/03/2011
City State West Des Moines, IA 50265	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	0 1 1 7 6 1 4	0.0.0
	n of Directors	
Receipt For: Primary Ganeral Other (specify)	7 5 0 0 0 0	
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TOTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 OF 6 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 11b 11c 12
Anni laterna di la caralta di Cara		13 14 15 16 · 17
Any information copied from such Reports and Statement or for commercial purposes, ather than using the name a		
NAME OF COMMITTEE (In Full)		
Farmers Mutual Hail Insurance Compa		Committee
Full Name (Last, First, Middle Initial) Bryant Tjeer	rdsma	Date of Receipt
Mailing Address		
8855 Kingman Drive City State	e Zip Code	Payroll Deduction
West Des Moines, IA. 50266	- Zip Couc	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	0.0.1,1,7,6,1,4	9,9,5,0
	ation Crop Underwriting	
Primary General	gate Year-to-Date ▼	
Other (specify) ▼	21090	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City State	e Zip Code	Payroll Deduction
		Amount of Each Receipt this Period
lederal political committee.	0 0 1 1 7 6 1 4	
Name of Employer Occup Farmers Mutual Hail Ins. Co.	ation	
Receipt For: Aggre	gate Year-to-Date ▼	
Primary General Other (specify)		
Full Name (Last, First, Middle Initial)	Market Control of the	
C		Date of Receipt
City State	e Zip Code	Payroll Deduction
	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	0,0,1,1,7,6,1,4	
Name of Employer Farmers Mutual Hail Ins. Co.	etion	
Receipt For: Aggre Primary General	gate Year-to-Date ▼	
Other (specify)		
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TOTAL This Period (last page this line number only)	•	

SCHEDULE	В	(FEC	Form	3X)
ITEMIZED D	ISB	URSE	MENT	S

31	CHEDULE B (FEC FUIII 3A)	Llos compreto pelodulo(s)	FOR LINE N					
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only					
		Detailed Sunmary Page	21b	22 23 24 25 26				
_			27	28a 28b 28c 29 30b				
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee: to solicit contributions from such committee.							
\setminus	NAME OF COMMITTEE (In Ful!)							
$ \rangle$	Farmers Mutual Hail Insurance Con	npany of Iowa Politic	al Action C	Committee				
<u></u>	Full Name (Last, First, Middle Initial)	· ··-		· · · · · · · · · · · · · · · · · · ·				
A.				Date of Disbursement				
	Crop Insurance and Reinsurance E	Bureau PAC		MAN / PAP / ANALAS				
	Mailing Address 201 Massachusetts Ave NE, Suite		0 8 0 4 2 0 1 1					
		state Zip Code						
	Washington, DC 20002							
	Purpose of Disbursement Contribution			_				
			0 1 1	Amount of Each Disbursement this Period				
	Candidate Name		Category/	50000				
	Office Country		Туре					
	Office Sought: House Disbursen							
		Primary General						
	State: District:	Other (specify)	i					
_								
В.	Full Name (Last, First, Middle Initial)			Data of Dishurasment				
В.	The Governor Branstad Committee			Date of Disbursement				
				0.8 0.2 2.0.1.1				
	Mailing Address PO Box 268			0.0 0.2 2.0.1.1				
		State Zip Code						
	Brooklyn, IA 52211	itale Zip Code						
	Purpose of Disbursement	1 8						
	Contribution		0 1 1	Amount of Each Disbursement this Period				
	Candidate Name		Category/	E 0 0 0 0				
	Terry Branstad		Type	50000				
	Office Sought: House Disbursen	nent For:						
	Senate	Primary X General						
	President	Other (specify)						
_	State: District:							
	Full Name (Last, First, Middle Initial)							
C.	Variation Fa. Ot 1. O 1]	Date of Disbursement				
	Kapucian For State Senate			10 04 2011				
	Mailing Address 1275 69th Street			1.0 0.4 2.0.1.1				
	City	State Zip Code						
	Keystone, IA 52249							
	Purpose of Disbursement							
	Contribution		0 1 1	Amount of Each Disbursement this Period				
	Candidate Name		Category/	10000				
	Tim Kapucian	ant Fac	Туре					
	Office Sought: House Disbursen	,						
		Primary X General Other (specify)						
	State: Iowa District: 20	Other (specify)						
Г								
,	SUBTOTAL of Disbursements This Page (optional)			560000				
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L	Control of							
H	TOTAL This Period (last page this line number only)							

SCHEDULE B (FEC Form 3X)			FOR LINE		PAGE 2 OF 2		
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			24		
		Detailed Summary Page	210	28a 28b	24 25 26 28c 29 30b		
A	ny information copied from such Reports and Statem	nents may not be sold or use					
or for commercial purposes, ether than using the name and address of any political committee to solicit contributions from such committee.							
\setminus	NAME DF COMMITTEE (In Full)						
Farmers Mutual Hail Insurance Company of Iowa Political Action Committee							
A.	Full Name (Last, First, Middle Initial)		Date of Disbursemer				
Α.	King For Congress						
	Mailing Address 116 N. Main St	***************************************		1.0 2.4	2.0.1.1		
	City	State Zip Code					
	Early, IA 50535						
	Purpose of Disbursement Contribution		0 1 1	Amount of Each Dist	oursement this Period		
	Candidate Name Steve King			5,0,0,0,0			
	Office Sought: X House Disbursen	nent For:	Туре				
		Primary X General					
	L_J 1J	Other (specify) ▼					
_	State: District:						
В.	Full Name (Last, First, Middle Initial)			Date of Disbursemer	nt		
				MUM / BAB / VAVBYKY			
	Mailing Address						
	City	State Zip Code					
	Purpose of Disbursement						
	On the New		0 1 1	Amount of Each Disl	oursement this Period		
	Candidate Name		Category/ Type				
	Office Sought: House Disbursen						
	<u> </u>	Primary X General Other (specify) ▼					
	State: District:						
_	Full Name (Last, First, Middle Initial)			Date of Disbursemer			
C.					nt		
	Mailing Address		M B M / D B / Y B A B A B A B A B A B A B A B A B A B				
	City						
	Purpose of Disbursement						
	Candidate Name	0 1 1	Amount of Each Disbursement this Period				
	Candidate Natio				Category/ Type		
	Office Sought: House Disbursen	nent For:		Reserve St			
	Senate President	Primary X General	į				
	State: District:	Other (specify)					
Γ	50000						
SUBTOTAL of Disbursements This Page (optional)							
١,	OTAL This Period (last page this line number only)		610000				
L	The same of the sa			Consideration (I) New North Consideration			

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.				
Hand Delivered	Date of Receipt			
USPS First Class Mail	Postmarked			
USPS Registered/Certified	Postmarked (R/C)			
USPS Priority Mail	Postmarked			
Delivery Confirmation™ or Signature Confirmation™ Label				
USPS Express Mail	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Busines	s Day Delivery			
Received from House Records & Registration Office	Date of Receipt			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	eceipt or Postmarked			
Shu	2/4/12			
PREPARER (3/2005)	DATE PREPARED			